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FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18256

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 575

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY <u>SAN BERNARDINO</u> | |
| b. CITY OR TOWN <u>Springfield</u> (If outside corporate limits, write RURAL and give township) | | c. CITY OR TOWN <u>Joshua Tree</u> | |
| c. LENGTH OF STAY (in this place) | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rail Haven Motel</u> | | f. STREET ADDRESS (If rural, give location) <u>Star Route 5040</u> | |

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|-------------------------------------|--------------------------|----------------------|----------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Walter</u> | b. (Middle) <u>—</u> | c. (Last) <u>Broadbent</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>June 30, 1955</u> |

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|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Aug. 23-1889</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HRS. Hours | IF UNDER 1 HRS. Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

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|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Precision Tool-Maker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Manufacturing</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>England</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|---|--|---|
| 13a. FATHER'S NAME <u>John Crowther Broadbent</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Harrison Todd</u> | 14. NAME OF HUSBAND OR WIFE <u>Pearl Edna Broadbent</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>274-01-2684</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Broadbent</u> | ADDRESS <u>Joshua Tree, Cal.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary Occlusion</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that ~~the deceased has been dead for~~ about 3:00 A m. ~~that I have seen the deceased~~ alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

| | | |
|--|---|---------------------------------|
| 23a. SIGNATURE <u>Edith Williamson</u> (Degree or title) <u>Local Registrar of Vital Stat.</u> | 23b. ADDRESS <u>Greene County Court House Springfield, Missouri</u> | 23c. DATE SIGNED <u>6/30/55</u> |
|--|---|---------------------------------|

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|--|------------------------------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>July 1-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>Akron Ohio</u> |
|--|------------------------------|------------------------------------|---|

| | | | |
|---|---|---|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>6-30-55</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Springfield, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

UNATTENDED BY A PHYSICIAN

APR 19 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Her Lanning

Licensed Embalmer No. 331

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.